Correspondence

"Physician Heal Thyself": Results From a Single-Hospital Pilot Survey of Alcohol Consumption Among General Hospital Patients and Staff

Dear Editor:

Excessive alcohol consumption and its associated harms remain as a major public health issue in England (NHS Information Centre, 2011). Despite a plethora of evidence demonstrating that screening for misuse, followed up by some intervention (information booklet, simple advice, or counseling), can significantly reduce both consumption and consequences (Kaner et al., 2013), the implementation of alcohol identification and brief advice (IBA) across Health Service settings has been limited (Drummond et al., 2011). One possible reason for this might be the complex relationship between our own alcohol consumption and attitudes toward offering help and advice to others (Huntley et al., 2004).

To what extent might current levels of consumption among hospital staff account for clinical inertia regarding alcohol IBA? On a single day, ward managers at a large Inner London teaching hospital distributed our alcohol use survey to all staff, patients, and visitors. The survey contained items on respondent demographics and smoking status as well as the Alcohol Use Disorders Identification Test–consumption (AUDIT-C) alcohol questions. For patients, a single item queried their perception of the role that alcohol may have played in necessitating their presence at the hospital.

A total of 360 completed questionnaires were returned (72% female). Responses were received from patients (54%), staff (40%), and visitors (6%). Age ranged from 16 to 90 years, with an average of 43. Patient responses came from inpatient (45%), outpatient (45%), and the emergency department (10%) areas.

The majority of respondents consumed alcohol on one or more occasions per month (72.5%). A total of 133 (37%) scored 5 or more on the AUDIT-C and were identified as hazardous drinkers (33% of all males, 39% of all females), and, of these, 20 (5.6% of sample, 15% of hazardous drinkers) met criteria for harmful/dependent drinking (score of ≥8, based on thresholds established by Rubinsky et al., 2010). As might be expected, patients based in the emergency department had the highest proportion of hazardous drinkers (44%) compared with those in the inpatient (36%) and outpatient (26%) settings. A significantly higher proportion of hospital staff were identified as hazardous drinkers compared with patients, 44.4% vs. 31.4%, $\chi^2(2) = 6{,}046$, $p < .05$; however, there were no significant differences between staff and patients on harmful/dependent drinking status (4.2% vs. 5.8%).

We do not have reliable data on the number of questionnaires distributed, and therefore we are unable to calculate the response rate of our survey or estimate how representative our sample was of the wider population. Nevertheless, our finding that a significantly higher proportion of staff than patients was hazardous drinkers is of interest. We suggest that, given the now-established correlation between personal alcohol consumption and clinical inertia (Geirsson, 2013), particular attention should be paid to the provision of help and advice about drinking for those already working within health services, as this may well have a positive effect on the wider implementation of patient-focused alcohol IBA programs and should also help reduce levels of hazardous and harmful consumption among health service employees themselves.

Robert Patton, ph.d.
Addictions Department
King's College London
London, Southwark, United Kingdom
robert.patton@kcl.ac.uk

Jane Marshall, m.b., b.ch.
Addictions Department
King's College London
London, Southwark, United Kingdom
Jane.Marshall@slam.nhs.uk

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